California Bridge to Reform Demonstration Waiver
Low Income Health Program (LIHP)
Frequently Asked Questions and Answers (FAQs)

DHCS received over 200 questions from stakeholders regarding the California Bridge to Reform Demonstration Waiver STCs. DHCS is working with CMS to make technical corrections to the STCs and some questions will be answered with future revisions once finalized. Below are some answers however many of the questions posed require additional research and policy decisions. We are working to answer the remaining questions as soon as possible and these questions will be posted on the LIHP website when the appropriate responses are finalized.

Question:
Will Counties with existing CI's need to apply? If so, when will the applications be due?

Answer:
Yes, existing CI programs will need to apply. DHCS will notify all eligible entities of the opportunity to elect to implement a CEED project, the applicable requirements, and the process for submitting an application for DHCS' approval. DHCS is currently preparing the application process and will be distributing the information on the application process to existing and new entities by January 1, 2011.

Question:
As written in Section 63, there a fewer number of benefits for the HCCI population than the MCE population, please confirm.

Answer:
That is correct. Section 63 of the STCs "Standard Low Income Health Program Benefits," consists of a core set of services that are specific for each population (MCE, under the California State Plan, and HCCI). Additional services to HCCI could be added at the Counties option with CMS approval to bring HCCI services equal with MCE.

Question:
If the County opts to add additional covered health benefits under LIHP, is reimbursement available?

Answer:
Yes, federal reimbursement is available for CMS approved additional services. Note: HCCI funds are available, within the Counties' allocations, for CMS approved additional services.

Question:
STC item 61 – Will the retroactive eligibility allowance available to the MCE population be identical to the current Medi-Cal retroactive eligibility that is available to all Medi-Cal recipients?

Answer:
Yes, at the Counties option, retroactive eligibility allowance for MCE populations will be identical to current Medi-Cal retroactive eligibility.

Question:
It appears that the three months retroactive eligibility allowance is only available to the MCE population. a) Could counties opt to offer the 3 month retro-eligibility to the HCCI population and have it be eligible for reimbursement?

Answer:
Correct, for MCE populations counties have the option to offer up to three months of retroactive eligibility, same as current Medi-Cal (Title XIX programs). However this is not an option for the HCCI population, so reimbursement would not be available for that population.

Question:
Is November 1, 2010, the earliest date that retro-eligibility can be provided for a beneficiary? Can the 3 month retro-eligibility be provided to the grandfathered in beneficiaries?

Answer:
Under the new waiver the earliest date for retroactive eligibility is the effective date of the approval of the waiver by CMS (November 1, 2010). There is no retroactive eligibility for any existing beneficiaries covered under the expired waiver.

Question:
Do enrollees all need to be assigned a medical home?

Answer:
Yes, please refer to W&I Code Section 15910.2(a)(2)(A) as enacted in Chapter 723 Statute of 2010 (AB 342, Perez).

Question:
In the DHCS California Section 1115 Comprehensive Demonstration Waiver Implementation Plan, May 2010, Page 25, it is stated that "there will be a streamlined and standardized enrollment and eligibility determination system." What will be the requirements for implementation?

Answer:
Please refer to W&I Code Section 15910.2(a)(2)(B(1) as enacted in Chapter 723 Statute of 2010 (AB 342, Perez) which states "Development of standardized eligibility and enrollment procedures that interface with Medi-Cal processes according to the milestones developed in consultation with the counties, county health departments, public hospitals, and county human service departments."

Question:
Please clarify the STC information which states that no FFP will be available for Counties that enroll new HCCI applicants at the exclusion of MCE applicants.

Answer:
New MCE applicants must be enrolled prior to new HCCI applicants. To be eligible for FFP, a county must not enroll new HCCI applicants at the exclusion of MCE applicants. (STC Page 25, Paragraph 58.a.iv.B)

Question:
Can DHCS provide more specific information on allowable Certified Public Expenditures (CPEs), in particular, mental health services expenditures that may qualify for CPE?

Answer:
Certified Public Expenditures (CPEs) are total computable expenditures for patient care that are certified by government entities that directly operate health care providers as long as the expenditures are not funded using impermissible provider taxes or donations as defined under section 1903(w) of the Social Security Act or using Federal funds other than Medicaid funds (unless the other Federal funding source by law allows use of federal funds for matching purposes, and the federal Medicaid funding is credited to the other federal funding source). The mental health services that are required in the LIHP are identified in STC Page, 29, Paragraph 64 & 65, and they only apply to the MCE population. The cost incurred by the participating counties in providing these services would qualify as CPEs under the LIHP.

Question:
Can we use proof of previous enrollment in Medi-Cal as proof of meeting DRA requirements? If so, does it matter if the Medi-Cal enrollment was prior to DRA?

Answer:
No, previous enrollment in Medi-Cal will not suffice as meeting the DRA requirements.

Question:
The scope of services contemplated for this population is a good deal richer than what most counties provide to the current MIA population. Has the state conducted any actuarial evaluation to determine what this will cost CEED/LIHP programs to provide, for medical, mental health, pharmacy and ancillary on a pmpm basis?

Answer:
No, the State did not conduct an actuarial evaluation; however counties should complete such an evaluation to determine its costs on a pmpm basis.

Please note: additional and revised answers to questions submitted to DHCS will be added to this document when appropriate. Please visit the website often to get the most up-to-date answers to your questions. In addition DHCS will be setting up an e-mail address to facilitate the answering of additional questions and concerns from stakeholders. This e-mail address will be announced on the LIHP website when established. We look forward to working with all of you to keep communication clear, accurate and as complete as possible.